

West Virginia Department of Health and Human Resources  
**Children with Disabilities Community Services Program (CDCSP)**  
**Comprehensive Psychological Evaluation**

Name: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Agency/Facility: \_\_\_\_\_

Reason for Evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Relevant History:

A. Prior Hospitalization/Institutionalization:

B. Prior Psychological Testing:

C. Behavioral History:

II. Current Status:

A. Physical/Sensory Deficits:

B. Medications (type, frequency and dosage):

C. Current Behaviors:

1. Mobility:

2. Self-Care:

3. Language (Receptive and Expressive):

4. Learning:
5. Self-direction:
6. Capacity for Independent Living:
7. Mental Status:
8. Other:

### III. Current Evaluation

#### A. Intellectual/Cognitive

1. Instruments Used:
2. Results:
3. Discussion:

#### B. Adaptive Behavior

1. Instruments used: ABAS II
2. Results:
3. Discussion:

#### C. Other

1. Instruments used:
2. Results:
3. Discussion:

#### D. Indicate the individual's level of acquisition of these skills commonly associated with needs for active treatment.

1. Able to take care of most personal care needs. Yes \_\_\_ No\_\_\_
2. Able to understand simple commands. Yes \_\_\_ No\_\_\_
3. Able to communicate basic needs and wants. Yes \_\_\_ No\_\_\_
4. Able to be employed at a productive wage level without systematic long-term supervision or support. Yes\_\_\_ No\_\_\_

- 5. Able to learn new skills without aggression and consistent training. Yes\_\_ No\_\_
- 6. Able to apply skills learned in a training situation to other environments or settings without aggressive and consistent training. Yes\_\_ No\_\_
- 7. Able to demonstrate behavior appropriate to the time, situation or place without direct supervision. Yes\_\_ No\_\_
- 8. Demonstrates severe maladaptive behavior(s) which place the person or others in jeopardy to health & safety. Yes\_\_ No\_\_
- 9. Able to make decisions requiring informed consent without extreme difficulty. Yes\_\_ No\_\_
- 10. Identify other skill deficits or specialized training needs which necessitates the availability of trained NR personnel, 24 hours per day, to teach the person to learn functional skills. Yes\_\_ No\_\_

E. Developmental Findings/Conclusions:

IV. Recommendations:

A. Training:

B. Activities:

C. Therapy/Counseling/Behavioral Intervention:

V. Diagnosis:

VI. Prognosis:

VII. Placement Recommendations:

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Signature of Supervised Psychologist

Date

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Title

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Signature of Licensed Psychologist

Date

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License#/Title